

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	2					
6						
7						
8						
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TOTAL IND.	1					
TOTAL DEP.	8	←	↓	←	↓	←
TOTAL CLAIMS	9					

#	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.						
TOTAL DEP.	←	↓	←	↓	←	↓
TOTAL CLAIMS						